



RESPONSE EMS - ALASKA



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2002 EMS Awards Announced

The awards, sponsored by the Governor's Alaska Council on Emergency Medical Services, were announced at the opening session of the annual State EMS Symposium on Friday morning, Nov. 15, and were presented the evening of Nov. 16 at the 25th Annual Alaska EMS Awards Banquet at the Egan Convention Center in Anchorage.

The recipients of the 2002 EMS Citizen Award were Dean Osmar, Bart Klonizos, Ryan Roemisch, David Blanchard Sr., David Blanchard Jr., Amelia Blanchard, and Chris Hermez. On July 11,

2002, Central Emergency Medical Services was dispatched to a capsized skiff in Cook Inlet with four people on board. A 14-year-old boy perished but the remaining three people survived. The rescue involved many agencies but the selfless efforts of two civilian boat crews was instrumental in the outcome of the rescue. All recipients live out of state in Louisiana and Wyoming except for Dean Osmar, who accepted the award on behalf of the others.



Anne Kosacheff, an Emergency Medical Technician III (EMT) in Bethel, was chosen for the EMS Provider Award.



Anne Kosacheff joined the Bethel Fire Department in

1996 as a volunteer. She quickly worked her way up to EMT-III and in 2001 became the first woman in Bethel to become a state-certified firefighter. Last year she won the Firefighter of the Year award for Bethel Fire Department as well as having the most EMS runs of the year.

The EMS Educator Award was given to Susan Coffland of Sitka.

Susan has made a tremendous impact on Emergency Medical Services in Alaska. She teaches EMS classes at all levels and is consistently caring and compassionate with her students. She brings out the best in her students and presents difficult material in a fun and understandable way. Susan treats each student with respect and dignity and she has the ability to inspire and challenge each student at different levels of learning.

The Melissa Ann Peters Memorial Award is given in memory of a young nurse whose untimely death prompted her family and friends to remember her by honoring other nurses who have contributed in a special way to the encouragement of EMS skills, efforts, and education. **The eleventh annual award recipient was Linda Bunge of Petersburg.** Linda is a Registered Nurse at Petersburg Medical Center and has been there since



(Continued on page 2)

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Frank H. Murkowski, Governor
Joel Gilbertson, Commissioner

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Don Hudson, DO
Dave Hull, MICP
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Charlie Lean, EMT-I
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(Continued from page 1)

1982. In 1990, she became an Emergency Medical Technician and volunteered with the Petersburg Volunteer Fire Department. She became an EMS instructor in 1998 and now serves as a Lieutenant at the Petersburg VFD. She teaches EMS concepts to her nursing colleagues and provides an important link between nursing and the EMS community of Petersburg.

Don Hudson, DO., an emergency physician in Anchorage, was the fifteenth recipient of the Longenbaugh Memorial Award

Given in memory of Dr. George Longenbaugh, a Sitka surgeon known and respected by EMS professionals throughout Alaska and U.S., the award honors a physician who exemplifies leadership in and dedication to Alaska's EMS system. Dr. Hudson has served as sponsoring medical physician for Unalaska Fire/EMS and the local clinic for more than 10 years. His dedication and leadership have proved to be invaluable in building a successful EMS program in Unalaska. He is motivating and encouraging and his single goal is to provide the best care possible, helping to bring in the Automated External Defibrillator (AED) and emergency medical dispatch programs. He takes a personal interest in the providers and is a true friend to them.



Honored in the EMS Administrator category was Sue Hecks of Seldovia, Kenai Peninsula EMS Council EMS Coordinator.

Sue has worked in the field of EMS for many years and is an experienced prehospital care provider, instructor, manager, administrator and leader. She has been tireless in her work on volunteer recruitment and retention and obtaining a property tax exemption for volunteers.

Sue has brought EMS, hospitals and other agencies together to focus on a common goal.



Max Fonger of Safety, Inc. of Anchorage presented the twenty-first "Outstanding Ambulance Service" a \$500 gift certificate. From state wide nominations, the Governor's Alaska Council

(Continued on page 3)

(Continued from page 2)

on EMS selected Nome Volunteer Ambulance Service. Some of the current members have been riding with the service since its inception 20 years ago. In 2001, eight providers with six drivers responded to 320 incidents, mostly within the city limits but also to incidents on the 250 miles of road that extend from town. The small pool of volunteers not only responds to EMS calls but also participates in community training, fund raising and special events like the Iditarod and Iron Dog races. Each member is a role model for a volunteer ambulance service and deserves recognition for longevity and commitment to volunteerism, community service and EMS.



Special Commendation is given to the following Alaskan citizens and organizations:

Alaska Regional Hospital Emergency Department is recognized for its help in educating EMS students in the Emergency Department. The staff has gone beyond the call of duty in helping educate EMS students. They demonstrate a real desire to help the students and provide invaluable feedback on student performance.

Bob and Lora Craig from Anchor Point are recognized for their contributions to Anchor Point EMS. They have served a combined total of 43 years. Bob first began his EMS involvement in 1979 as the first Fire Chief of the Anchor Point Volunteer Fire Department. Through his efforts the community obtained funding for equipment, training, a new fire station and expansion of the fleet of emergency vehicles.

Lora began as a volunteer dispatcher when radio communications were installed in the mid-1980s. Wherever Lora goes, the radio is at her side, 24/7. She also provides other invaluable support to the volunteers.

The final recognition goes to Mike Owens, MICP from Nome. Mike is recognized for his years of service to the Norton Sound Region. During his 20 years

(continued on page 7)

Upcoming Regional Symposia



Southeast Region EMS Council, Inc. and Interior Region EMS Council, Inc. will be holding their symposia this spring. These events provide an excellent opportunity to obtain continuing medical education, networking, and keeping abreast of the latest state and regional issues.

Southeast Region EMS Council, Inc.

The 19th Annual Southeast Region EMS Symposium will be held on April 9–12, 2003 in Sitka. April 9 and 10 will be pre-symposium workshops with the main symposium on April 11 and 12. The focus of this year's symposium is Pressure. Some of the topics to be covered are: flight medicine, altitude problems, diving emergencies, crush injuries, and CISM. For more information contact Southeast Region EMS Council, Inc.

Phone: (907) 747-8005 FAX: (907) 747-1406

Email: serems@alaska.com

Interior Region EMS Council, Inc.

The Interior Region EMS Symposium will be held April 2–5, 2003, in Fairbanks. April 2 and 4 are pre-symposium, with April 4 and 5 the main event. During pre-symposium there will be a medevac escort course with an instructor module, wilderness overnight survival exercise and a heart and lung lab. The main event will feature a variety of topics geared toward EMS providers, instructors, management, and a clinical track for nurses, mid-level providers and physicians.

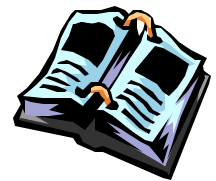
For more information, contact Dave Rockney, MICP of Interior Region EMS Council, Inc.

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e-mail: drockney@iremsc.org, or web page:

www.iremsc.org.

28th Annual EMS Symposium



It's not too early to start planning for the 28th Annual EMS Symposium. It will be held in Anchorage on Nov. 12–15, 2003, at the Egan Convention Center. The host hotel will be the Anchorage Hilton.

**NOME LEADS THE WAY,
WITH BETHEL NOT FAR BEHIND!
Norton Sound Regional Hospital Becomes
Alaska's First Level IV Trauma Center**

Norton Sound Regional Hospital (NSRH) in Nome became Alaska's first Level IV Trauma Center on Oct 7, 2002. Norton Sound Regional Hospital has successfully met the criteria of a state certified Level IV Trauma center set forth by the Alaska Department of Health and Social Services. This designation demonstrates a commitment by the staff of Norton Sound Regional Hospital to trauma care and stabilization.

At the facility's request, a team consisting of a trauma surgeon and trauma nurse visited Norton Sound Regional Hospital to verify its compliance with state criteria. These criteria are based on the American College of Surgeons standards for Level IV Trauma Center designation. A Level IV facility provides initial evaluation and assessment of injured patients, resuscitation and stabilization, and prepares the seriously injured patient for transfer to a referral hospital.

Trauma is the leading cause of death and disability among Alaska Natives. It is a widespread problem throughout the state and the entire nation. Research in other states demonstrates that an organized and timely response to trauma, as outlined in the national standards, can improve patient care, reduce trauma death rates and enhance staff confidence in treating traumatic injury victims.

"This designation demonstrates a commitment by the staff of Norton Sound Regional Hospital to trauma care and stabilization," Joe Cladouhos, President & CEO of Norton Sound Regional Health Corporation (NSRHC), said.

Benefits of Level IV Designation

- Trauma system thoroughly reviewed and meets State and national standards.
- NSRH's providers are up to date on trauma related certification and training.
- Systems to handle trauma stabilization and timely and appropriate transfers are in place and running smoothly.
- Quality improvement and assurance reviews will continually monitor and improve NSRH's trauma care systems.

In 1999, the Alaska Native Medical Center (ANMC) in Anchorage, was certified as a Level II trauma center, which is the highest possible designation in Alaska at this time. Since Norton Sound Regional Hospital's certification, Yukon-Kuskokwim Regional Hospital was certified as a Level IV trauma center. The enthusiasm for improved trauma care across rural Alaska has started and other facilities have expressed interest in becoming state certified trauma centers.

If you would like more information of trauma center designation, contact Community Health and EMS at 465-3027.

Voice Response System to be Shut Down

The interactive voice response system, used for years by EMS personnel in Alaska to check test scores and certification status via touch tone phones, will be shut down on March 31. The system was written in a now antiquated programming language for hardware that is increasingly difficult to support. While the voice response system performed well until recently, it became less reliable as we performed necessary upgrades to our other database systems. The Section of Community Health and EMS has developed more capable internet based systems that can be used by Alaska EMTs. The on-line certification database can be found at <http://www.chems.alaska.gov/emsdata>.

Advancing Between EMT Levels

The CHEMS staff has had a number of calls with questions about the "patient contact" and "IV" requirements for admission into EMT-II and EMT-III training classes. Hopefully, these paragraphs will clarify some of these questions.

First, patient contacts and IVs are only required for the student seeking initial certification at a higher level. There are no patient contact or IV requirements for EMT-IIs or EMT-IIIs who are recertifying at their current certification level.

Second, these patient contacts must occur after certification; if you are trying to get into an EMT-II class,

(Continued on page 5)



Booster Seats – Pass the Word

Traffic crashes are the leading cause of death for Alaskan children after age one and the second leading cause of hospitalization. From 1991 through 1999, 94 children ages 4 to 8 years were hospitalized because of injuries sustained in a car crash. Almost one-third had no protective restraints at all and more than half were using only a seat belt at the time of the crash.

We now know that after age three, children run an extra risk of injury in car crashes if they are restrained by seat belts only, because seat belts are designed for adults. Many children cannot wear a seat belt properly because instead of riding over the chest, the belt cuts across the neck. In a crash, this could cause serious or even fatal injuries.

Children usually out grow of forward-facing safety seats at forty pounds, at which time they need to be restrained in belt-positioning booster seats until they are big enough to fit properly in an adult seat belt.

When can an older child switch from a booster seat to a seatbelt?

- * When the child can ride for an extended period with the lap portion of the belt fitting low and tight across the upper thigh, not the stomach, and the shoulder belt resting over the shoulder and across the chest, not on the neck.
- * When the child weighs between about 60 and 80 lbs and is at least 4' 9" tall.
- * When a child can sit with his or her back straight against the vehicle seat back cushion with knees bent over the seat's edge without slouching.

Please take advantage of any opportunity you have of telling parents about the importance of booster seats. To assist the Injury Prevention Program in tracking booster seat use in car crashes, please include booster seats when recording protective equipment used at the time of an accident.

Questions? Call Gordon Glaser 269-3433 or Karen Lawfer 465-8632.

Martha Moore
Injury Surveillance and Prevention Program

Web Site Changes

Don't forget to visit the CHEMS web site at <http://www.chems.alaska.gov>. The staff of the EMS and Injury Prevention Unit frequently updates files on the site. New this month is the **2003 Training and Administration Check Sheet** which contains a month-by-month listing of EMS events in Alaska, such as EMS Week and symposia, as well as a checklist that can be used by the Training Officer to make sure that certification related activities are being performed.

Coming soon to the site is a sophisticated on-line training database that will allow EMS personnel to search for training courses meeting certain criteria. The system will list courses approved by the Department of Health and Social Services, as well as others, such as CPR, ACLS and hazardous materials courses, submitted by qualified instructors.

Drop by sometime to see what's new.

(Continued from page 4)

your patient contacts must be as a certified EMT-I, if you trying to enter an EMT-III class, the patient contacts and IVs must be as a certified EMT-II. What this means is that students should plan on at least six weeks after completion of training at one level, before attempting to get into a class at the next level. This allows our office to process the applications and potential students enough time to complete the patient contacts.

Finally, there have been many questions on the proper documentation of the patient contacts. The simple forms for this purpose can be found at the CHEMS web site (www.chems.alaska.gov) by following the link to the New EMS Regulations page, then scrolling down to the "forms" matrix. Patient contacts can be verified by either the EMS medical director for an ambulance service or by an agency representative like the EMS Chief or EMS Training Officer. It may be a good idea for instructors of an EMT-I or EMT-II class to hand out the "Candidate Proof of Patient Contact Forms" at the end of the class so students will have the opportunity to get the form filled out as calls occur. This will lessen the burden on the EMS agency to go back and pull run forms for people wishing to take EMT-II or EMT-III training.



Before the Poison Control Enhancement and Stabilization Act of 2001, Alaska was the last remaining region of the country where poison center service was not available to all residents. Now, the partnership between the Alaska Poison Control System (APCS) and the Oregon Poison Center (OPC) has brought full poison center service to the state. For the first time, Alaska has access to poison data from the national Toxic Exposure Surveillance System (TESS). In its 2002 Annual Report, the APCS notes that there were over 6,900 calls made to the poison hotline (1-800-222-1222) from September 1, 2001 and August 31, 2002. The most common substances reported in exposure cases were: medications, household cleaning products, and cosmetics/personal care products. Children 5 years and under accounted for the majority (53%) of the exposures reported to the poison control system. Most often, incidents involving children ages 5 and under were due to the child getting into medications belonging to a relative living in or visiting the home. 66% of the children (5 years and under) were able to be treated without going to a healthcare facility. Of all exposure calls, 74% were able to be managed onsite rather than at a healthcare facility.

Please visit the Alaska Poison Control System website at www.chems.alaska.gov/ems_poison_control.htm. The full report is available for download there, as are Alaska-specific brochures, a powerpoint presentation on the APCS, and access to the Alaska Community Medical Resources Database, a listing of all available health care resources in each geographic area of Alaska.



Glasgow Coma Scale – the gift that keeps giving.

Before 1974, level of consciousness was described in terms of stupor, semi coma and deep coma. In 1974, Teasdale and Jennet came up with the *Glasgow Coma Scale* to assess the neurological functioning of a head injured patient. This scale is 29 years old this year. **But “old” does not mean outdated.** The Glasgow Coma Scale (GCS) remains the most widely used patient head injury scoring system all over the world.

The beauty of the GCS is:

- It is simple and can be done in the field under adverse conditions.
- It is sophisticated enough for use by hospital trauma personnel and neurosurgeons.
- It is reliable. Study after study has shown that with minimal training this test can be done by EMTs, paramedics, nurses, family physicians and surgeons, all with similar results.

GCS scores, from the point of injury through to rehabilitation, tell a story over time about patient deterioration or recovery.

GCS is a triage tool. Along with other information (vital signs, mechanism of injury, and co-existing conditions) decisions are made about the treatment and transfer of the patient – yes, even in Alaska. Rapid transport is critical in the case of an intracranial hematoma. Alaska only has three neurosurgeons and no Level I Trauma Center. All of these factors go into the mix when deciding the best course of action.

GCS scores are the doorway to other tests and treatments. Does the airway need to be protected? Is a CT scan needed? Is a neurological consult necessary? Does the patient need to be hooked up to an IPC monitor? Is early rehabilitation warranted or should the family be preparing for a very bad outcome?

At the end of the day, the GCS is one of the essential ingredients for determining, after the fact, if statistically the patient was expected to survive. This calculation does not presume to be better than clinical judgment, but it is a way of flagging cases needing review. This month the Alaska Head Injury Guidelines Task Force will be looking at head injured patients with GCSs in the 14-15 range who had craniotomies to determine if there are other characteristics that could be used as indicators for transfer of the patient from a rural hospital to Anchorage for a CT scan.



Commissioner Joel Gilbertson Alaska Department of Health and Social Services

Joel Gilbertson has worked in a variety of positions related to health care and welfare systems, focusing on the efficient delivery of services and expanding access to underserved communities.

Appointed Commissioner of the Department of Health and Social Services on December 9, 2002, he heads up one of the largest departments of State government. He oversees approximately 2,100 employees -- from public health nurses to juvenile probation officers -- and a budget of \$1.3 billion.

He has worked for the Center for Health Services Research and Policy, and for National Assn. of Social Workers. There, he assisted in the research and publication of a nationwide study of Medicaid managed care contracts.

Most recently, he served as legislative director and counsel on Governor Murkowski's U.S. Senate staff, managing policy on a variety of issues including Medicaid, the State Children's Health Insurance Program (SCHIP, also known in Alaska as "Denali KidCare), Medicare, Social Security, and welfare reform.

Continued on page 7

(continued from page 3)

in Nome he has developed a showcase medevac service and provided training to two generations of health aides and EMTs. He has placed a chest tube in a man with a collapsed lung in a tent at night with only a flashlight for light and has been the sole paramedic in the region for months on end, but never turns down a medevac flight. He is active in many state and national EMS committees and is respected in the region for his long term dedication, high standards, kind and compassionate manner and his excellent patient care.

EMT Skills Competition Awards

There were eight teams that participated in the 2002 Skills Competition. The top five teams received awards.

1st Place

Nome Volunteer Ambulance Department

Vickie Erickson, EMT-I

Elisha Edwards, EMT-I

2nd Place

Seward Volunteer Ambulance Corps

Cordelia Sewall, EMT-II

Andrea Boor, EMT-II

3rd Place

Homer Volunteer Fire Department

Steve Boyle, EMT-III

Terri Boyle, EMT-I

4th Place

Unalaska Fire/EMS

Kathleen Herring, EMT-I

Dannette Hanson, EMT-I

5th Place

Medics on a Mission

Jeremiah Grantham, EMT-I

Melinda Novakovich, First Aid/CPR



Rural Automated External Defibrillator Grant Program

Thanks to the hard work of many, the Department of Health and Social Services is purchasing over \$180,000 worth of automated external defibrillators and AED training devices for communities and agencies funded through the federal Health Resources and Services Administration's Rural Access to Emergency Devices Grant Program. AEDs were funded for:

Alaska Department of Public Safety
Bethel Public Safety
Bristol Bay Area Health Corporation
Capital City Fire and Rescue
Delta Rescue Squad
Edna Bay Fire Department
Fairbanks North Star Borough
Kenai Peninsula EMS Council
Ketchikan Fire Department
Kodiak Island Borough
Maniilaq Association
Matanuska-Susitna Borough
Norton Sound Health Corporation
Petersburg Volunteer Fire Department
Sitka Volunteer Fire Department
Skagway Fire Department
Tri-Valley Volunteer Fire Department
Unalaska/Dutch Harbor
Valdez Fire Department
Wrangell Volunteer Fire Department

We were encouraged to learn that this federal grant program was funded again this year. As was the case last year, we will publicize the opportunity to apply for funds by sending information to all emergency medical service agencies, distributing information via our list servers, and posting messages on the First Class system, used by EMS and Fire Service agencies.

We have developed a list server for distributing information about this important program. To subscribe to this list server (it's free) simply go to the CHEMS web page listed below and sign up.

Congratulations to those agencies included in the application funded through the Health Resources and Services Administration!

For more information, visit the following web sites:

http://www.chems.alaska.gov/ems_aed.htm

<http://ruralhealth.hrsa.gov/funding/aed.htm>

Continued from page 6

Commissioner Gilbertson was born in Fairfax, Virginia, and is a graduate of George Washington University Law School and GWU School of Public Health and Health Services in Washington, DC., holding Juris Doctor and Master of Public Health Degrees.

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